

Department of Health and Community Services

Annual Report 2011-2012

Newfoundland Labrador

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Minister's Message

I am pleased to present the Annual Report of the Department of Health and Community Services. The report highlights departmental accomplishments and activities in the past fiscal year (April 1, 2011, to March 31, 2012). This is the first year of reporting progress on the department's *Strategic Plan 2011-2014*. As the Minister of Health and Community Services, I acknowledge my accountability for the preparation of this report, the accomplishments and any variances contained herein.

Through *Budget 2011: Standing Strong: For Prosperity. For Our Future. For Newfoundland and Labrador*, our government invested approximately $2.9 billion in health and community services. This significant investment reflected our continued commitment to enhancing programs and services throughout the province.

Over the past year, the department launched key strategies to improve access and availability of its programs and services: *Improving Health Together: A Policy Framework for Chronic Disease Prevention and Management in Newfoundland and Labrador; Improving Health: My Way*, a provincial chronic disease self-management program; *A Strategy to Reduce Hip and Knee Joint Replacement Surgery Wait Times in Newfoundland and Labrador*; and, *A Strategy to Reduce Emergency Department Wait Times in Newfoundland and Labrador*.

The Provincial Government continues to focus on key initiatives to address all areas of health care throughout our province. We continue to invest in important programs, services and significant infrastructure projects that all play a role in the delivery of health care. We are also committed



to enhancing access to services such as mental health and addictions, and initiatives to address healthy aging and provincial wellness.

The department also developed and oversaw the implementation of a Clinical Safety Reporting System (CSRS), a provincial occurrence reporting system, and anticipates the finalization of *A Strategic Health Workforce Plan 2012-2015* in the 2012-13 fiscal year.

The Provincial Government and the department remain committed to working with its partners to build health and community services that serve the people of this province today and for future generations.

Susan Sullivan

Honourable Susan Sullivan
MHA, Grand Falls-Windsor-Buchans
Minister of Health and Community Services
Minister Responsible for Aging and Seniors

Departmental Overview

The following is an overview of the Department of Health and Community Services, which has a mandate to provide leadership and direction for effective and efficient delivery of health and community services (See Appendix A for complete mandate).

VISION

The vision of the Department of Health and Community Services is for individuals, families and communities to achieve optimal health and well-being.

MISSION

By March 31, 2017, the Department of Health and Community Services will have provided leadership to support an enhanced health care system that effectively serves the people of the province and helps them achieve optimal health and well-being.

VALUES

The department's core values were redefined in its *Strategic Plan 2011-2014*. These values are reflected daily as employees fulfill their roles and responsibilities in working with clients and stakeholders and are a key element of the department's culture. They include:

Professionalism: Each person is qualified and competent, and supported in their work through a culture that encourages continuing education and employee development.

Excellence: Each person makes decisions based on the best evidence available and follows proven best practices to ensure individual and departmental performance is maintained at the highest possible standard.

Transparency and Accountability: Each person takes their responsibilities to their clients seriously and contributes to a culture of openness and transparency in decision-making and reporting.

Collaboration: Each person engages others, both within and external to the department, in a positive manner, respectful of others and their different perspectives.

Privacy: Each person manages and protects information related to persons, families, organizations, communities and the department appropriately.

LINES OF BUSINESS

The department's lines of business are discrete and coherent sets of programs and/or services that originate from its mandate. In 2011-12, the department was organized around the following three lines of business:

1. Policy, Planning, Program Development and Support

   The department provides a leadership role for developing policies, legislation and plans in the following areas:

a. Programs under a legislative framework:

- Medical Care Plan (MCP)
- Hospital Insurance Plan
- Communicable diseases
- Personal care homes
- Newfoundland and Labrador Prescription Drug Program
- Environmental health (including tobacco control, drinking water quality and sanitation)

The department is also responsible for 17 pieces of legislation related to the regulation of health professions. The department works with regulatory bodies to interpret the legislation and regulations and to facilitate amendments as necessary.

b. Programs not under a legislative framework:

- Parent and child health
- Immunizations
- Wellness and health promotion
- Chronic disease control
- Long-term care and community support services
- Health sector workforce planning
- Intervention and support services for persons with disabilities
- Emergency preparedness
- Mental health and addictions services
- Aboriginal health

c. Programs for which the department establishes funding and/or operational delivery standards:

- Ambulance services
- Home support
- Transition houses
- Special Child Welfare Allowance
- Residential services for persons with select disabilities
- Special Assistance Program
- Medical Transportation Assistance Program
- Dental Program
- Clinical Safety Reporting System

d. The department works with the post-secondary education system to ensure that professional education and training programs for the health and community services field reflect the needs of the system. The department also provides funding for select training programs.

e. The department ensures that regional health and community services are planned according to the needs of the population; the strategic directions of the Provincial Government; and, within the fiscal capacity of the health system. This includes determining the need for, and placement of infrastructure, equipment, services and staff.

f. The department represents provincial priorities in the development of intergovernmental (Atlantic and federal/provincial/territorial) strategic directions and initiatives.

g. The department works with the Newfoundland and Labrador Centre for Health Information to obtain health information and research, conduct program evaluations and develop electronic health information systems.

2. Monitoring and Reporting

Regular monitoring and evaluation of legislation, programs, plans and funding outcomes are important to maintain the effectiveness of the health and community services system.

a. The department monitors and evaluates:

- health and community services legislation;
- selected policies, programs and services;
- adherence to guidelines and best practices and/or funding and service delivery standards; and,
- implementation of funding and outcomes for regional health authorities and other entities funded by the department.

b. In addition, the department has made commitments to publicly report on several areas that it monitors. These areas are as follows:

- Population health
- Healthy behaviours
- Health status
- Disease control
- Human resources
- Access to services

3. Provincial Public Programs and Services Administration

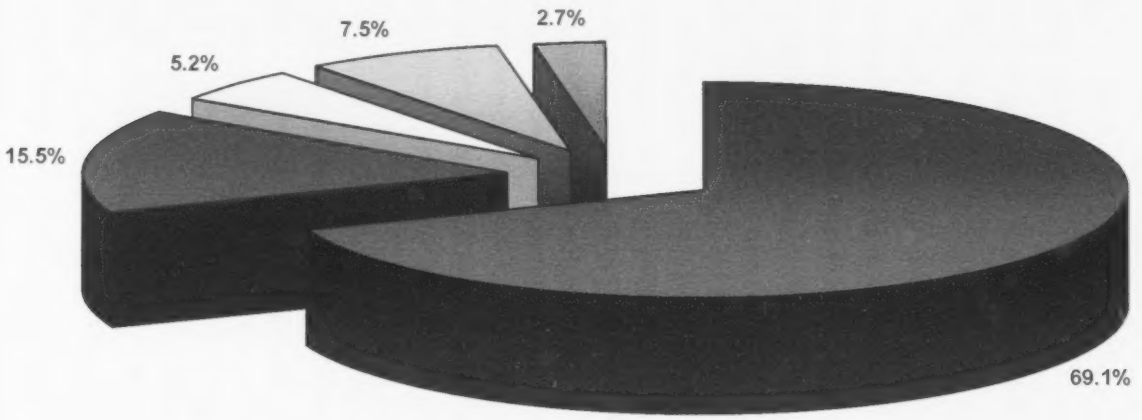
While the department does not directly deliver most health care services, there are programs for which the department provides direct supervision, control, and service delivery as follows:

- Records of immunizations
- Payment and remuneration for medical services, dental services, drug programs and other similar programs
- Grants for select community agencies
- Bursaries and incentives to students in select training programs according to established criteria
- Distribution and storage of vaccines
- Printing, storage and distribution of health-related materials
- Storage and distribution of National Emergency Stockpile
- Medical transportation assistance to eligible individuals
- Selected information technology initiatives

Refer to the Department of Health and Community Services' *Strategic Plan 2011-2014* for further details www.gov.nl.ca/health/publications/DHCS-Strategic-Plan.pdf.

WHERE HEALTH DOLLARS ARE SPENT

(2011-12 Actual Expenditures)



- Health Authorities and Related Services ($1,960,198,500)
- MCP Physician Services ($439,900,400)
- Medical and Drug Subsidy Program ($148,363,200)
- Capital ($214,355,300)
- Other ($76,064,200)

(Note: Amounts have been rounded to the nearest 100)

DEPARTMENTAL STRUCTURE

In 2011-12, the Department of Health and Community Services had a total of 249 employees located at three locations across the province:

Grand Falls-Windsor: Medical Care Plan, 32 employees

Stephenville: Newfoundland and Labrador Prescription Drug Program, 15 employees

St. John's: Confederation Building (Corporate, Ministerial and Branch Offices), Belvedere Building (Medical Care Plan) and The Leonard A. Miller Centre (Public Health Laboratory), 202 employees.

Department of Health and Community Services Employees by Branch (March – November, 2011)

BRANCH	FEMALE	MALE	TOTAL
Minister/Deputy Minister's Office	19	4	23
Government Relations	6	2	8
Medical Services	42	13	55
Regional Health Operations	13	6	19
Policy and Planning	28	4	32
Public Health and Wellness	7	4	11
Corporate Services	74	27	101
Total	189	60	249

The branch titles in the above table reflect the departmental structure from March to November 2011, only.

DEPARTMENTAL RESTRUCTURING

In November 2011, through restructuring, the department was able to become more responsive to the health care needs of the province and to better align with the goals identified in the *Strategic Plan 2011-2014*. While the department's mandate, responsibilities, and office locations throughout the province did not change, the branches and divisions were restructured; Regional Health Operations Branch became Regional Services Branch and other programs and services were re-organized into two, new branches: Professional Services and Population Health. The new departmental structure is as follows:

Executive Branch

- Deputy Minister
- Associate Deputy Minister
- Assistant Deputy Ministers
- Solicitor
- Communications

Corporate Services Branch

- Audit and Claims Integrity
- Financial Services
- Information Management
- Strategic Human Resources

Professional Services Branch

- Physician Services
- Dental Services
- Pharmaceutical Services
- Pathology and Laboratory Services
- Health Workforce Planning
- Office of the Chief Nurse

Regional Services Branch

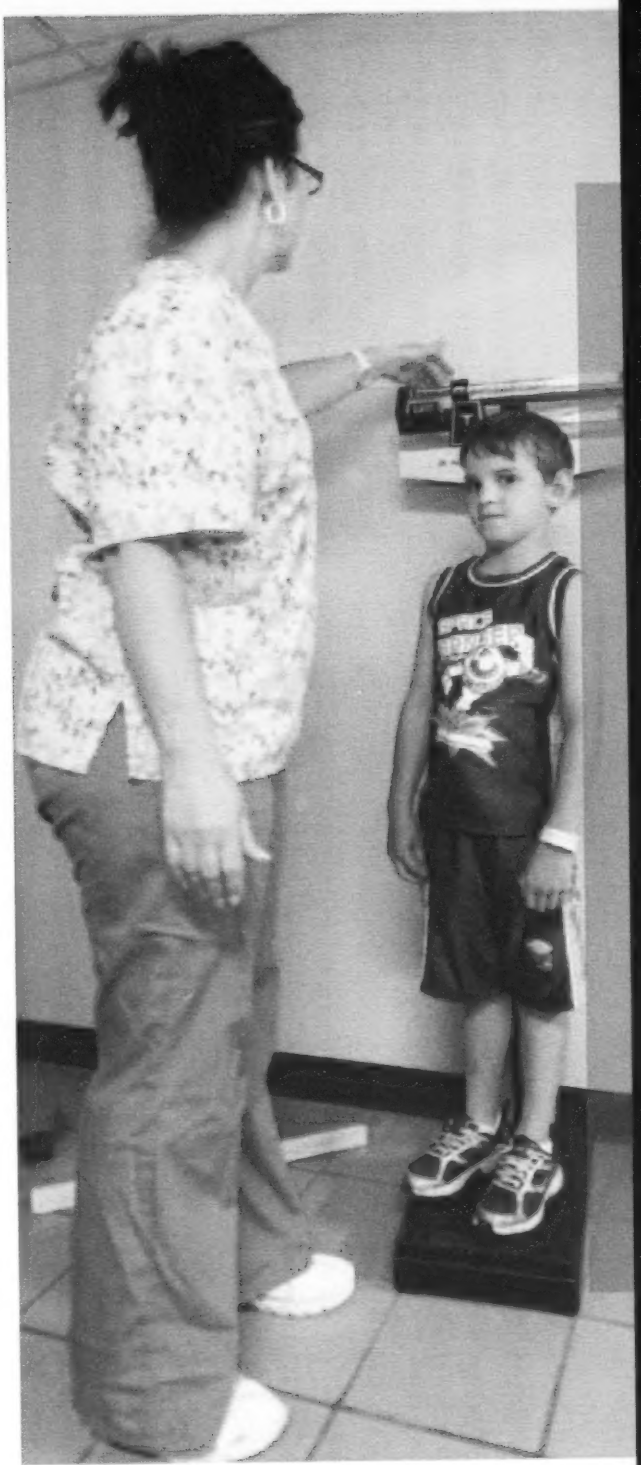
- Infrastructure Management
- Acute Health Services and Emergency Response
- Access and Clinical Efficiency
- National Blood Services Lead (2013)
- Long-Term Care and Community Support Services

Policy and Planning Branch

- Government Relations
- Policy and Legislative Affairs
- Planning and Evaluation
- Office of Adverse Events

Population Health Branch

- Public Health/Chief Medical Officer of Health
- Public Health Laboratory
- Public Health Information
- Disease Control
- Environmental Health
- Chronic Disease and Community Relations
- Health Promotion and Wellness
- Office for Aging and Seniors
- Aboriginal Health
- Mental Health and Addictions



Shared Partnerships

Over the past fiscal year, the department continued to foster partnerships at the federal/provincial/territorial level, with other Provincial Government departments, regional health authorities, municipalities, academic/educational bodies, unions, associations, regulatory bodies, community-based groups and individuals while addressing the Provincial Government's strategic directions of population health, access to priority services and accountability and stability of health and community services.

FEDERAL PROVINCIAL TERRITORIAL (F/P/T) GOVERNMENTS

In November 2011, provincial and territorial Health Ministers renewed their commitment to promote healthy living and innovative approaches intended to increase access to and availability of healthy foods, decrease marketing of unhealthy foods to children, and reduce sodium in the food supply, as outlined in *Actions Taken and Future Directions 2011 on Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights*. Ministers also engaged in other areas of work such as negotiating fair prices for pharmaceuticals, addressing drug shortages, strengthening the focus on mental health issues, and preparing for the expiry of the *2004 Health Accord*.

In 2011-12, department officials prepared for and participated in meetings with Ministers, Deputy Ministers and other senior officials of departments and agencies such as Health Canada; the Pubic Health Agency of Canada; Human Resources and Social Development; and, Statistics Canada.

At the federal/provincial/territorial level, Newfoundland and Labrador continued its role of lead province with the National Blood Portfolio (2010-2012). As the lead province, the department served as chair for various committees, developed policy options and related documentation on blood issues, and served as the primary liaison between provinces and territories (except Quebec), Canadian Blood Services and the Federal Government to ensure there is a safe and adequate blood supply for all Canadians. Since initially agreeing to serve in this position for two years, the province has agreed to an extension of the term by an additional year.

In January 2012, Premiers created the Health Care Innovation Working Group and directed work on several areas related to health, including health human resources, scope of practice and clinical practice guidelines. As part of the health human resources work, Premiers advocated that provinces and territories address health human resource challenges, and explore more coordinated management across health systems with the goal of addressing competition between jurisdictions and the growing costs of compensation. During 2011-12, Newfoundland and Labrador took a lead role in initiating the development of a set of guiding principles and a Terms of Reference for Premiers.

NATIONAL ORGANIZATIONS

The department partnered with a range of national organizations independent from government in the areas of health research/ information, information management, population health assessment, health surveillance, health promotion and health protection, including but not limited to:

- Canadian Institute for Health Information
- Canada Health Infoway
- Canadian Blood Services
- Canadian Cancer Society
- Canadian Mental Health Association
- Conference Board of Canada
- Health Council of Canada

PROVINCIAL GOVERNMENT PARTNERS

In order to achieve the desired outcomes for each of the Provincial Government's strategic directions, the Department of Health and Community Services worked with a range of provincial government departments. As indicated below, the department provided leadership for two, horizontal health-related initiatives in 2011-12, and participated in several horizontal initiatives led by other departments (Note: each lead department is identified below):

- *The Provincial Healthy Aging Policy Framework* and *Provincial Healthy Aging Implementation Plan* (Health and Community Services)
- *Achieving Health and Wellness: Provincial Wellness Plan for Newfoundland and Labrador* (Health and Community Services)
- *Active, Healthy Newfoundland and Labrador: A Recreation and Sport Strategy for Newfoundland and Labrador* (Tourism, Culture and Recreation)
- Business Continuity Planning (Fire and Emergency Services - Newfoundland and Labrador)
- Healthy Students Healthy Schools (Education)
- Regulatory Reform Initiative (Service NL)
- *The Northern Strategic Plan* (Labrador Affairs Office)
- *The Poverty Reduction Strategy* (Advanced Education and Skills)
- The Violence Prevention Initiative (Women's Policy Office)

Other provincial bodies that supported the department in reaching shared objectives included:

- Office of the Chief Information Officer
- Office of the Privacy Commissioner
- Department of Finance (including the Newfoundland and Labrador Statistics Agency)
- Rural Secretariat
- Newfoundland and Labrador Centre for Health Information
- Health Research Ethics Authority; and,
- Other Provincial Government entities outlined in Appendix B.

REGIONAL HEALTH AUTHORITIES

Over the past year, the department partnered with the four regional health authorities, Eastern Health, Central Health, Western Health and Labrador-Grenfell Health, to ensure the efficient and effective delivery of health and community services. The department provides strategic direction to the regional health authorities, with each health authority responsible for delivering direct care to individuals in hospitals, long-term care facilities, community-based offices and clinics, and through public health and community support services.

PROVINCIAL/REGIONAL/ COMMUNITY-BASED ORGANIZATIONS

There are also many provincial community-based organizations, special interest groups, professional associations and unions that the department partnered with to achieve its objectives in 2011-12, including but not limited to:

- Canadian Cancer Society, Newfoundland and Labrador Division
- Newfoundland and Labrador Alliance for the Control of Tobacco
- Alzheimer Society of Newfoundland and Labrador
- Autism Society of Newfoundland and Labrador
- Canadian Mental Health Association, Newfoundland and Labrador Division
- Eating Disorder Foundation of Newfoundland and Labrador
- Breastfeeding Coalition of Newfoundland and Labrador
- Municipalities Newfoundland and Labrador
- Seniors Resource Centre of Newfoundland and Labrador
- Association of Registered Nurses of Newfoundland and Labrador
- Newfoundland and Labrador Medical Association
- Newfoundland and Labrador Public Health Association
- Newfoundland and Labrador Association of Social Workers
- Pharmacists' Association of Newfoundland and Labrador
- Newfoundland and Labrador Dental Association
- Denturist Association of Newfoundland and Labrador
- Canadian Institute of Public Inspectors, Newfoundland and Labrador Branch

In 2011-12, in recognition of the high level of partnership between the department and community organizations, 119 grants, comprised of $2.8 million, were awarded to community organizations to implement initiatives related to the strategic directions of population health, access to services, and improved accountability and stability. It should be noted, however, that this amount does not include funding provided to community organizations and agencies through the Provincial Wellness Grants Program and the Healthy Aging Seniors Wellness Grants Program.

Better Hearing and Speech Month Proclamation (May 5, 2012)



Front row (L-R): Valerie Crummell, Itinerant Teacher of the Deaf and Hard of Hearing; Jennifer Brown, Hard of Hearing Student; Honourable Susan Sullivan, Minister of Health and Community Services; and, Dr. Erin Squarey, Audiologist, Parrott's Hearing Clinic.
Back row (L-R): Leon Mills, Executive Director, Canadian Hard of Hearing Association NL; Lisa Payne, Newfoundland and Labrador Association of Speech Language Pathologists and Audiologists; Karla Tucker, Audiologist, Maico Hearing Service; and, Terry Martin, Director of Fund Development, Canadian Hard of Hearing Association NL.



Highlights and Accomplishments

A key focus of the department in 2011-12 was to provide excellence in supporting and delivering health and community services and to have contributed to positive health and well-being for individuals, families and communities. The following initiatives illustrate some key accomplishments achieved by the department in the past year.

POPULATION HEALTH

Adult Dental Health

In recognition that oral health is a key component to overall health and wellness, the Dental Health Program was expanded to provide access to more individuals in the province. Starting in January 2012, the newest component, the Adult Dental Program, began to offer select diagnostic and therapeutic dental services to approximately 98,000 adults covered under the following Newfoundland and Labrador Prescription Drug Program plans: the Foundation Plan, which provides coverage to a number of individuals, including those in receipt of income support; the Access Plan, which provides support to low-income families and individuals; and, the 65+ Plan, which provides coverage to residents 65 years of age and older who receive Old Age Security benefits and the Guaranteed Income Supplement. The Adult Dental Program encompasses examinations, extractions and fillings every three years as well as dentures every eight years. These changes were recognized as one of the Provincial Government's foremost investments in the *Poverty Reduction Strategy* in Budget 2011.

Chronic Disease Prevention and Management

Improving Health Together: A Policy Framework for Chronic Disease Prevention and Management in Newfoundland and Labrador was launched in December 2011. The policy framework focuses on a select number of chronic diseases and conditions that affect a large portion of the population and have a significant impact on quality of life including: arthritis, cancer, chronic pain, diabetes, heart disease, kidney disease, lung disease, and stroke. The policy framework is centred on self-management; prevention and awareness; health care delivery; practice guidelines; information systems and research; and, community action. The policy framework also complements disease-specific strategies such as, *Gaining Ground: A Provincial Cancer Control Policy Framework for Newfoundland and Labrador* and provides policy direction for future work and builds on many existing Provincial Government initiatives, including the *Provincial Wellness Plan*, the *Provincial Healthy Aging Policy Framework*, the *Recreation and Sport Strategy*, and the *Poverty Reduction Strategy*.



Also launched in 2011-12, was *Improving Health: My Way*, a provincial self-management program offered to people with chronic conditions to help them positively manage the daily challenges associated with living with chronic conditions. This six-session workshop is available in all four regional health authorities.

HPV Immunization

In 2011-12, the province reached a 90 per cent coverage rate, the highest in Canada, in administering the Human Papillomavirus (HPV) vaccine to Grade six females. Work continues to ensure HPV vaccination remains high among the target population.

Additionally, a provincial committee of multiple stakeholders from the Department of Health and Community Services; regional health authorities; Provincial Public Health Laboratory; Provincial Cervical Cytology Registry; Provincial Cervical Screening Program; as well as, epidemiologists, researchers, and other partners contributed to the development of a dedicated Human Papillomavirus Monitoring and Surveillance System in Newfoundland and Labrador.



ACCESS TO PRIORITY SERVICES

Generic Drug Pricing

On March 30, 2012, amendments to the *Pharmaceutical Services Act* were given Royal Assent enabling the department to proceed with the implementation of a new generic drug pricing model, allowing for the provision of low-cost, quality prescription medications for residents of Newfoundland and Labrador. Savings from the lower generic drug costs will benefit residents who pay for their medications out of pocket and to employers and employees who pay through private drug benefit plans. In addition, the Provincial Government will realize savings through the Newfoundland and Labrador Prescription Drug Program. The new pricing policy will be phased in between April 16, 2012, and April 1, 2013.

INFRASTRUCTURE ACHIEVEMENTS

In 2011-12, the department invested a total of $272.2 million in health care infrastructure to improve access to priority services, with $200.6 million allocated for new construction and redevelopment projects, $50 million for new equipment and $21.6 million for repairs and renovations. The department funded and supported the advancement of construction on several major infrastructure projects, two of which were completed within 2011-12: the Health Sciences Centre Parking Garage and the expansion to the Dr. H. Bliss Murphy Cancer Centre. The following is a list of other



key infrastructure initiatives the department funded during 2011-12:

- advanced the planning for a new mental health facility and redevelopment of the acute care facilities in St. John's;
- continued redevelopment of the hospitals in Gander and Grand Falls-Windsor;
- continued construction of new health centres in Labrador City and Flower's Cove;
- advanced the design of new health centres in Corner Brook and Springdale;
- continued construction of new long-term care facilities in St. John's, Carbonear and Lewisporte;
- advanced the planning for new protective care residences in Bonavista and Clarenville;
- advanced the planning for new health clinics in Glovertown and Marystown North;
- finalized the design of new youth treatment centres in Paradise and Grand Falls-Windsor;
- continued planning for an adult addictions centre in Harbour Grace;
- furthered planning for a Molecular Imaging (PET/CT) facility;
- continued construction of a new centre for interdisciplinary research in human genetics and expansion to the Faculty of Medicine;
- continued renovations to the emergency department at St. Clare's and forensic unit at the Waterford Hospital in St. John's; and,
- furthered the design of the redevelopment of the vacated wing at the Corner Brook Long-Term Care Facility to accommodate additional long-term care beds.

Repairs/Renovations and Medical Equipment

Access to priority services was further enhanced in 2011-12 through repairs and renovations to existing health facilities and the purchase of new or replacement equipment. Funding was provided to each of the regional health authorities to carry out a number of repair and renovation projects to various health care facilities with the repairs and renovations ranging from roof and window upgrades and repairs, electrical and mechanical upgrades to resident rooms and flooring upgrades and repairs. Equipment purchases included diagnostic imaging and laboratory equipment from CT scanners, ultrasound units and various scopes to patient care and housekeeping equipment such as beds, lifts, tubs, baths and laundry and food service equipment. The official opening of the new MRI unit in Gander brought the total number of MRI units in the province to five.



Happy Valley-Goose Bay, Long-Term Care Home (Photo courtesy of Labrador-Grenfell Health)

Dialysis Enhancements

The 2011-12 budget provided $3.1 million for dialysis enhancements in Burin, St. John's, Stephenville, and St. Anthony and the establishment of two, new satellite dialysis sites in Labrador City (March 2011) and Port aux Basques (June 2011), bringing the total number of dialysis sites throughout the province to 14. Planning also continued for the Harbour Breton site. In some instances, enhancements meant increased patient capacity and reduction in the wait list (Burin), expanded operating hours (St. Anthony), increased number of dialysis stations and availability to a hospital back-up unit (Stephenville), and an expansion to a Home Hemodialysis Program (St. John's). These measures mean that patients, who require and meet medical criterion, are now able to receive this specialized treatment closer to home with the support of family and the community.

Enhancements to Long-Term Care and Community Support Services

Enhancements were also made in the long-term care and community support services sector. In 2011, the personal care home monthly subsidy rate increased from $1,717 to $1,800 and 162 new, portable subsidies were created through an investment of $2.4 million. A Small Personal Care Home Subsidy Program was created through an investment of $792,000, which is used to provide financial support to 39 homeowners with smaller personal care/community care homes. These initiatives addressed the waitlist for subsidies and contributed to the future sustainability of this option for individuals and families.

An investment of $2.6 million increased the home support hourly subsidy rate by 25 cents. This investment resulted in the rate increasing from $11.75 per hour to $12, a differential of $2 above the current minimum wage rate. An additional $1.1 million allowed the monthly financial ceiling for home support subsidies

to increase, thereby ensuring that the current maximum daily hours available for home support were maintained when the hourly subsidy rate increased.

There was also continued activity at the regional health authority level in the implementation and use of the interRAI suite of tools, a series of standardized assessment tools developed to improve health care for persons who are elderly, frail or disabled. Implementation of the Minimum Data Set (MDS 2.0), the clinical assessment tool administered to individuals living in long-term care facilities, continued in the regional health authorities as well as the preparation for the utilization of the interRAI Home Care in 2012-13.

ACCOUNTABILITY AND STABILITY OF HEALTH AND COMMUNITY SERVICES

Provincial Wait Times Strategies

In April 2011, the Provincial Government established an Access and Clinical Efficiency Division to provide provincial leadership on the issue of wait times in the province's health care system. By February 2012, two provincial wait times strategies, *A Strategy to Reduce Hip and Knee Joint Replacement Surgery Wait Times* and *A Strategy to Reduce Emergency Department Wait Times in Newfoundland and Labrador*, were released. These five-year strategies have goals and action plans designed to improve patient experiences and make the most efficient use of the province's resources. As a result of focus in these areas, improvements in wait times have already been made.



Report on Performance 2011 - 12

The department is building, adjusting and maintaining a health care system that is ready to meet the challenges of today and tomorrow. The following mission demonstrates how the department will move forward to address these challenges, while fostering a sustainable health care system.

MISSION

By March 31, 2017, the Department of Health and Community Services will have provided leadership to support an enhanced health care system that effectively serves the people of the province and helps them achieve optimal health and well-being.

Measure: Leadership Provided

Indicators:

- Implemented an evaluation framework
- Demonstrated policy and program effectiveness
- Increased use of technology related to increased access
- Achieved efficiency and effectiveness in identified areas
- Analysed evidence of quality and safety improvements
- Increased policy support for health professionals
- Implemented strategies in priority areas

The department will report on this mission in 2014.

Implementation of Cameron Report Recommendations

As of March 31, 2012, 46 of the 60 recommendations from the Cameron Report[1] have been implemented. A further nine recommendations are substantially completed which are largely complex, long-term initiatives such as hospital information systems and telepathology. Five recommendations remain partially complete. These recommendations are dependent on changes in legislation or large infrastructure changes in information management and technology. Major achievements in 2011-12 included:

- all of the province's major laboratories received accreditation status;
- completion of the implementation of the Clinical Safety Reporting System in Eastern Health, with implementation in the other health authorities continuing;
- establishment of six Cancer Patient Navigator positions; and,
- implementation of a multi-jurisdictional telepathology project at Eastern Health.

The department continued to address continuing education and quality assurance initiatives. Further efforts focused on completing regulations with respect to the licensing of medical laboratory technologists and establishing the Newfoundland and Labrador Council of Health Professionals, which will be responsible for overseeing the licensure process.

[1]The Honourable Justice Margaret A. Cameron was appointed Commissioner of the Commission of Inquiry on Hormone Receptor Testing in 2007. Known as the "Cameron Report", the inquiry was an investigation into the estrogen and progesterone receptor (ER/PR) tests performed in Newfoundland and Labrador from 1997 to 2005.

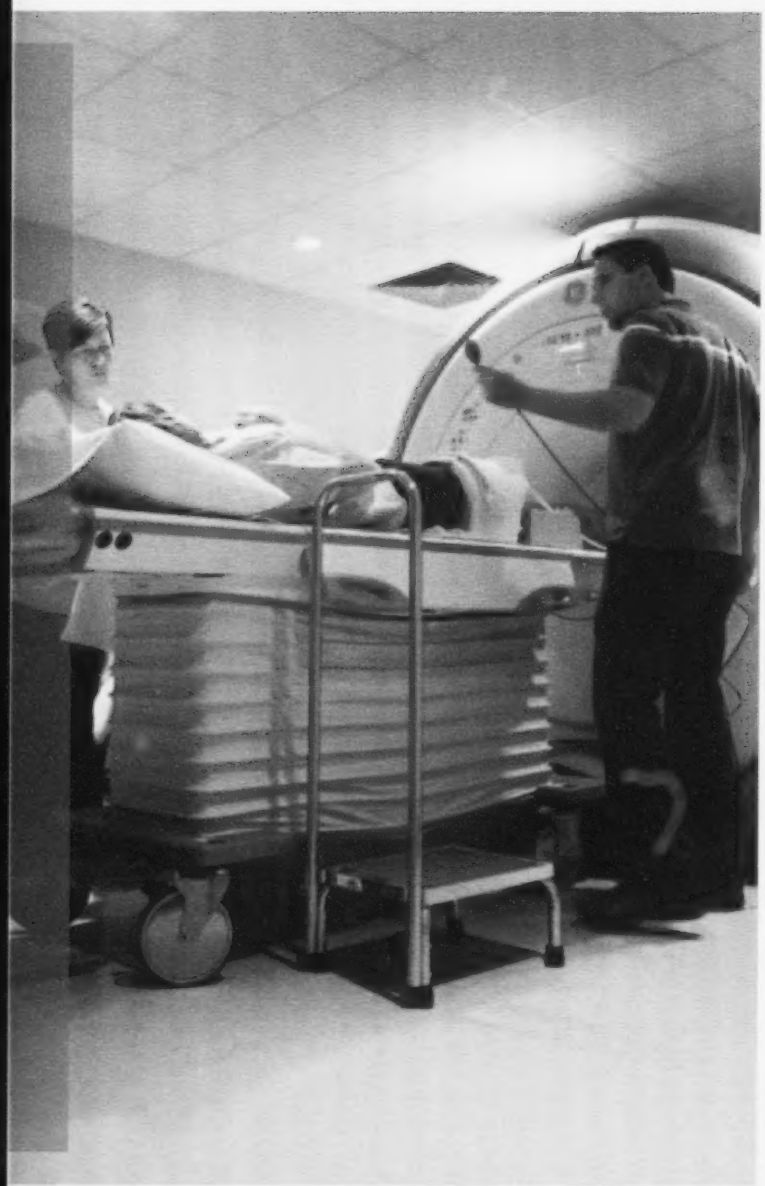
The following section outlines the progress that has been made on the strategic issues of Quality and Safety, Improved Access and Increased Efficiency, Population Health, and Demographics and the Delivery of Health and Community Services. Improvements in the health and community services sector support the strategic directions of the Provincial Government and contribute to the overall health and well-being of Newfoundlanders and Labradorians.



STRATEGIC ISSUE #1 – QUALITY AND SAFETY

The health and well-being of the province's population is dependent upon a health and community services system built on quality and safety. Quality and safety are key elements in every facet of the system from the health workforce to equipment and facilities to technologies and information systems. The department strives to improve quality and safety in all areas of the health system. Ultimately, achievements in quality and safety assist in protecting the public and supporting service providers, thereby ensuring the advancement of the strategic direction of accountability and stability of health and community services.

In 2011-12, the department focused its efforts on the development of the *Strategic Health Workforce Plan 2012-2015* which, upon finalization, will assist in attracting and retaining health care service providers and ensuring that the workforce is stable



and appropriately supplied. The department also developed new legislation enabling the regulatory body for physicians to ensure those practicing in the province continue to maintain high professional standards.

STRATEGIC ISSUE #1: QUALITY AND SAFETY

GOAL 1: By March 31, 2014, the department will have enhanced support for training and licensing to improve health care resources.

Measure: Enhanced Support for training and licensing

Indicators:

- Implemented select provincial standards
- Enhanced policy frameworks for educational and training standards of licensure
- Achieved laboratory accreditation

Goal 1, Objective 1

By March 31, 2012, the department will have completed development of the *Strategic Health Workforce Plan 2012-2015*.

Measure

Developed Health Workforce Plan

INDICATORS	2011-2012 PROGRESS
Integrated best practices	Leading practices[1], also known as best practices, were used to develop workforce projection models for medical laboratory technologists and licensed practical nurses. As planned, leading practices will be used to complete workforce models in 2012-13 for registered nurses and clinical dietitians. Health Canada funding was received to complete four projects for International Educated Health Professionals. The main purpose of these projects is to better integrate internationally-educated nurses into the work and community environment of the regional health authorities. Funds were approved to support implementation of a model of nursing clinical practice (MoNCP) in the regional health authorities. This work is based on the Ottawa Hospital Model, which was recognized by Accreditation Canada as a leading practice (2010).
Identified priority issues and actions	A Provincial Injury Prevention Pilot Program within long-term care at the regional health authority level was developed. The pilot program is being implemented in nursing services in 10 long-term care homes with the goal to reduce both resident and employee injuries. Workplace violence was identified as a priority issue as a result of a jurisdictional scan completed by the department and based on discussion and feedback from stakeholders and professionals. In 2011-12, the department secured funding to develop a social marketing campaign including print, radio and television media, to raise awareness of violence against health care sector employees. The campaign is currently under development, led by the Office of the Chief Nurse in consultation with representatives from the Violence Prevention Initiative

[1] Leading Practices are noteworthy examples of high-quality leadership and service delivery. These practices are worthy of recognition as organizations strive for excellence in their specific field, or are commendable for what they contribute to health care as a whole. They may have been identified as a Leading Practice in a particular geographic region, or for a particular service delivery area or health issue. Some of these practices are ingenious in their simplicity. Often, they are implemented by organizations with limited resources, showing how innovative strategies can be achieved at a minimal cost. Accréditation Canada, 2011 http://www.accreditation.ca/knowledge-exchange/leading-practices/

INDICATORS	2011-2012 PROGRESS
	(Women's Policy Office), the Association of Registered Nurses of Newfoundland and Labrador, the Newfoundland and Labrador Medical Association and other health professional associations. The campaign is expected to be launched in 2012-13. Registered nurse and dietitian workforce projection models are under development to ensure there is an adequate supply of professionals available for the future. Implementation of the Health Human Resource Information System personnel modules continued in Central Health, Western Health and Labrador-Grenfell Health. Eastern Health had already upgraded its Health Human Resource Information System and begun implementation of the self-service components of the system. The Health Human Resource Information System contains a variety of information including, employees' career history; salary and benefits; performance appraisals; grievances; employee wellness; recruitment activity; and, training and development. An *Act Respecting the Practice of Medicine, 2011*, received Royal Assent in May 2011, replacing the *Medical Act, 2005*. The legislation is intended to guide how the College of Physicians and Surgeons of Newfoundland and Labrador regulates the practice of medicine.
Established implementation process and action plan	*The Strategic Health Workforce Plan 2012-2015* (not yet finalized) includes an implementation process and an action plan. An accountability framework was also developed to monitor activities as they occur.

Discussion of Results

In 2011-12, the department developed the *Strategic Health Workforce Plan 2012-2015*, which, upon finalization, is expected to support enhancement of the health workforce and the services provided to the people of the province. It is also anticipated the plan will focus on quality work places, strengthened workforce capacity and improved planning and evidence.

Provincial leadership in quality and safety was also demonstrated through the introduction of legislation. In May 2011, the *Medical Act, 2005*, was officially replaced by the *Medical Act, 2011*. This new legislation will help ensure that physicians practicing in the province continue to maintain high professional standards. New provisions under the legislation include establishing a Quality Assurance Committee; requiring mandatory continuing and remedial education; ensuring provisionally licensed physicians receive appropriate orientation, supervision and assessment; and, the monitoring of prescribing practices.

The four regional health authorities continued with the implementation of various components of the Health Human Resource Information System. When completed, the regional health authorities will have increased capability to more efficiently manage their human resources and capture financial and employment data, enabling them to provide more timely, comprehensive and consistent reporting of health human resources data to the province.

In the next two years, the department will continue to develop educational, communication and program resources to advance the legislative work that was started before or during 2011-12. This includes supporting standards development, focusing on accreditation, training and licensing, and finalization of the *Strategic Health Workforce Plan 2012-2015*.

Objectives for 2012-13 and 2013-14

Objective 2

By March 31, 2013, the department will have strengthened health workforce planning.

Measure

Strengthened Health Workforce Planning





Indicators

- Implemented the injury prevention pilot program in long-term care
- Completed the workforce planning models for registered nurses and dietitians
- Monitored the implementation of the Health Human Resource Information System in the remaining three regional health authorities
- Developed policies related to recruitment and retention of the province's health workforce
- Completed an evaluation of bursary programs for dentists, bachelor of nursing students, nurse practitioners and difficult-to-fill health professions
- Finalized the *Strategic Health Workforce Plan 2012-2015*

Objective 3

By March 31, 2014, the department will have evaluated priority health workforce planning initiatives to determine impact and proposed future direction.

STRATEGIC ISSUE #1: QUALITY AND SAFETY

GOAL 2: By March 31, 2014, the department will have improved monitoring to enhance system performance and meet the needs of the population now and in the future.

Measure: Improved Monitoring

Indicators:

- Assessed data collection mechanisms in select subject areas
- Improved the quality of laboratory services
- Continued improvement in management of adverse health events
- Supported implementation of the Provincial Clinical Safety Reporting System in the regional health authorities

Goal 2, Objective 1

By March 31, 2012, the department will have supported the implementation of occurrence reporting in the regional health authorities.

Measure

Supported Implementation

INDICATORS	2011-2012 PROGRESS
Confirmed Clinical Safety Reporting System implemented in all regional health authorities	As of March 31, 2012, implementation was complete at Eastern Health and continuing in the remaining regional health authorities. While 2011-12 was initially identified as the original target date for implementation, once the implementation plan was developed, it became clear that mobilizing the required human resources would take longer. Consequently, the Clinical Safety Reporting System is expected to be fully implemented in Central Health and Western Health by June 2012, and in Labrador-Grenfell Health by October 2012.
Developed provincial occurrence reporting policy	The *Report of the Task Force on Adverse Health Events* informed development of the policy titled, *Occurrence Reporting Policy Mandatory Elements*, which was developed in consultation with the vice-presidents' of Quality and Safety in the four regional health authorities.
Developed reporting template	The Provincial Occurrence Reporting template was developed and approved in March 2012. While analysis at the regional level will be the responsibility of each health authority, the province will report trends of key indicators over time as outlined in the *Task Force Report*.
Provided leadership to regional health authorities	The Office of Adverse Events operates under a shared governance model with the regional health authorities. Departmental leadership was provided to the Clinical Safety Reporting System Governance Committee (CSRS), the CSRS User Group, the CSRS Technical Committee and individual regional health authorities, as necessary. The leadership role included funding the initiative, developing a provincial occurrence reporting policy, providing direction to standardize Clinical Safety Reporting System processes, facilitating meetings, overseeing the Clinical Safety Reporting System implementation and funding regional health authority implementation resources.

Discussion of Results

In 2011-12, the department, through the establishment of a Provincial Office of Adverse Health Events, implemented a provincially-coordinated approach to ensure that a robust adverse health event management system was developed and implemented throughout the province. The overall goal of the Clinical Safety Reporting System is to provide health care providers across Newfoundland and Labrador with a tool to report both patient safety occurrences and close calls. Its purpose is to ensure appropriate follow up on occurrences, to reduce reoccurrences, share lessons learned from adverse events and to have a positive impact on patient safety.

Objectives for 2012-13 and 2013-14

Objective 2

By March 31, 2013, the department will have started the analysis of trends in occurrence reporting to identify system improvements over time.

Measure

Started the Analysis of Trends

Indicators

- Completed implementation of the Clinical Safety Reporting System in the regional health authorities
- Implemented provincial reporting in one of the following sectors (e.g. long-term care, acute care, community services)
- Identified occurrence reporting trends in one of the following sectors (e.g. long-term care, acute care, community services)

Objective 3

By March 31, 2014, the department will have implemented strategies for occurrence reporting and made refinements based on continuous monitoring.

STRATEGIC ISSUE #2 – IMPROVED ACCESS AND INCREASED EFFICIENCY

Given our province's vast geography, dispersed population and changing demographics, the provision of accessible and cost-effective health care to Newfoundlanders and Labradorians poses many unique challenges. The Department of Health and Community Services provides leadership in the planning, delivery, monitoring and evaluation of programs and services and ensures that meaningful investments are made in the health and community services system so that the system is sustainable, efficient and meeting the needs of the population.

In 2005, the provinces and territories agreed to set multi-year targets to reduce wait times with the announcement of the national benchmarks.

Benchmarks are evidence-based targets that identify the amount of time that scientific evidence shows is appropriate to wait for a particular service. In 2011, the Department of Health and Community Services established an Access and Clinical Efficiency Division to provide leadership and oversight on the issue of wait times in the province's health care system. This division worked with stakeholders and clinical experts to improve wait time targets in emergency departments and for orthopaedic (hip and knee joint replacement) surgery.

In addition to launching new provincial wait times strategies, the province expanded its telehealth program thereby utilizing communications and information technology to improve health care services delivery to remote and rural areas of the province. Ultimately, these efforts supported the strategic directions of access to priority services and improving the accountability and stability of the health system.



STRATEGIC ISSUE 2: IMPROVED ACCESS AND INCREASED EFFICIENCY

GOAL: By March 31, 2014, the department will have improved access for selected services to contribute to improved health outcomes.

Measure: Improved Access

Indicators:

- Developed a wait times management plan
- Improved wait times results for the five pan-Canadian benchmark areas (curative radiotherapy, cardiac bypass surgery, cataracts, hip replacement, knee replacement, hip fracture repair, breast screening and cervical screening)
- Enhanced department structures for access and clinical efficiency
- Expanded use of telehealth
- Completed environmental scan in endoscopy services
- Expanded web-based wait times reporting
- Implemented innovative options for mental health and addictions services

Objective 1

By March 31, 2012, the department will have implemented systems and structures to improve access to selected services.

Measure

Implemented Systems and Structures

INDICATORS	2011-2012 PROGRESS
Realigned resources for access improvements	In April 2011, the department established a new Division of Access and Clinical Efficiency to work closely with the regional health authorities to achieve efficiencies and develop approaches to improving patient access and decreasing wait times. External consultants were engaged to complete a system-wide analysis of endoscopy services, with a view to increasing the capacity for colonoscopies and improving the efficiency of endoscopy. Analysis included recommendations for scheduling solutions and the sharing of leading practices to gain capacity to perform more colonoscopies within the resources currently available. In April 2011, a two-year central intake pilot project for patients anticipated to require hip or knee replacement surgery was implemented in Eastern Health. Since the pilot project began, there has been a decrease in the length of time from when a patient is first referred by his or her primary care provider to when they are initially seen by the specialist. This included a decrease from a median of 325 days to 91 days for high-priority referrals. The department also engaged external consultants to work with administrators in the Health Sciences Centre and St. Clare's Mercy Hospital Emergency Departments regarding improved emergency department access and reduced wait times. Work began to ensure that optimal staff scheduling, skill mix, supportive policies, physical layout and patient flows were in place. In February 2012, funding was committed for three additional emergency department nursing positions in St. John's (Health Sciences Centre and St. Clare's Mercy Hospital).
Developed wait times management strategies in select areas	Provincial wait times strategies were developed for emergency departments and orthopaedic (hip and knee joint replacement) surgery. *A Strategy to Reduce Hip and Knee Joint Replacement Surgery Wait Times* and *A Strategy to Reduce Emergency Department Wait Times in Newfoundland and Labrador* were released in February 2012.

INDICATORS	2011-2012 PROGRESS
Completed needs assessment for various wait times reporting systems	The department engaged the Ontario Centre for Research in Health Care Engineering to complete an assessment of the orthopaedic wait lists in Eastern Health, Central Health, and Western Health. This assessment validated the number of waiting patients (categorized by urgency rating) and the total wait times for hip and knee joint replacement surgeries in the province.
Evaluated the use of social media for mental health and addictions services	In partnership with Health TRx (a New Zealand consultant), the department completed research and evaluation regarding the use of social media in this sector. In carrying out this research, it became apparent the use of social media in mental health and addictions is a complex service delivery approach and as a result, its utilization would require new policy, supportive infrastructure and maintenance provisions. Further research and evaluation regarding the potential for social media to be used in this sector is continuing.
Increased telehealth services	In 2011-12, six new community sites were connected to the telehealth program to bring the total number of certified telehealth sites in the province to 60. The total number of telehealth appointments by regional health authority increased from 9,094 in 2010-11 to 10,784 in 2011-12. This increase was reflected in appointments by discipline, including nephrology, neurology, oncology, mental health, genetics, and general surgery/wound care. The number of educational and case-specific rounds by service increased from 117 to 198 with the addition of pediatric cardiology and pathology rounds. There was also a provincial investment of $120,000 in Budget 2011 dedicated to enhancing telehealth services in the area of mental health and addictions. In 2011-12, video conferencing units were purchased for each of the regional health authorities.
Completed assessment of select infrastructure requirements	In 2011, needs assessments were completed for two new mental health and addictions treatment facilities and tenders to construct both centres were awarded in May 2012. Once constructed, the treatment centre for youth with addictions in Grand Falls-Windsor and the centre for youth with complex mental health needs in Paradise will greatly increase access to mental health and addictions services for youth within the province.

Discussion of Results

Many accomplishments were achieved during the 2011-12 fiscal year related to improving access and increasing the efficiency of health services in Newfoundland and Labrador. The provincial website for reporting on wait times was improved and two provincial wait times strategies were released. These strategies will assist in reducing wait times for hip and knee joint replacement surgery, as well as wait times in emergency departments. A two-year central intake pilot project for patients potentially requiring hip or knee replacement surgery was implemented in Eastern Health, which shortened the length of time between when a patient is referred and the first meeting between the patient and his or her specialist.

Other efforts to improve access and increase efficiency included a provincial investment of $1 million in Budget 2011 to enhance tele-mental health services, to develop a web-based e-mental health service and an awareness campaign to decrease the stigma and discrimination associated with mental illness and addictions. The addition of two new mental health and addictions treatment facilities in Paradise and Grand Falls–Windsor will provide treatment options for youth that are closer to their homes and families.

Telehealth usage increased across a number of health disciplines in the province, with the number of telehealth appointments increasing by 19 per cent. Two new disciplines (pediatric cardiology and pathology) were added to educational and case-specific rounds conducted via telehealth, resulting in a 40 per cent increase in the use of telehealth for clinical rounds.

In 2012-13, the department will continue to focus on service areas where improved access for patients can be significantly enhanced and where there is the greatest potential for cost efficiencies. Building on the success of telehealth initiatives, opportunities to deliver other services via new communications technology will be explored. The use of social networking to reach youth with mental health needs and addictions in rural and urban areas will continue to be investigated. Opportunities to use social media tools to improve access in the areas of health promotion, disease prevention and treatment will also be considered.

Objectives for 2012-13 and 2013-14

Objective 2

By March 31, 2013, the department will have continued implementation and monitoring of system changes to improve access.

Measure

Continued Implementation and Monitoring

Indicators

- Implemented standardized provincial wait times reporting for select cancer surgeries and endoscopy services
- Applied provincial guidelines in the measurement, monitoring and reporting and no-show rates for endoscopy services provided by the regional health authorities
- Completed external reviews of three Category A emergency departments[2]
- Completed baseline measurements of Wait 1 for initial orthopaedic consultation
- Provided oversight to the implementation of expanded hours of physiotherapy services on the orthopaedic inpatient units at the Health Sciences Centre and St. Clare's Mercy Hospital
- Continued research in developing new models of service delivery, including use of social media.

Objective 3

By March 31, 2014, the department will have begun to evaluate health system changes and identified areas for performance improvements.

STRATEGIC ISSUE #3 – POPULATION HEALTH

Newfoundland and Labrador has some of the highest rates of chronic diseases such as heart disease, stroke, cancer and diabetes in Canada. These conditions place a strain on individuals, families, communities and the



[2] Category A emergency departments have a minimum of one physician dedicated to providing emergency services and on site 24 hours-a-day service, and are in hospitals that, by definition, have acute care beds and specialty services. (*A Strategy to Reduce Emergency Department Wait Times in Newfoundland and Labrador 2012*).

health care system. While many factors that contribute to health or illness, such as genetics, are unavoidable, many environmental, social and behavioural factors that also contribute to health and illness are modifiable. In this regard, population health focuses on modifiable risk factors and creating healthy environments that enhance wellness and contribute to the prevention of illness and injury, with the goal of keeping people healthy rather than treating and caring for them when they are ill.

The department is responsible for the development of legislation, policies and standards governing population health in the province. To advance progress in this area, the department established a new Population Health Branch in 2011-12. In partnership with key stakeholders, the department commenced development of an environmental health strategy and released *Improving Health Together: A Policy Framework for Chronic Disease Prevention and Management In Newfoundland and Labrador* (2011) as well as a chronic disease self-management program *Improving Health: My Way*. These efforts supported the strategic direction of population health.

Objective 1

By March 31, 2012, the department will have advanced initiatives in key areas of population health.

STRATEGIC ISSUE 3: POPULATION HEALTH

GOAL: By March 31, 2014, the department will have enhanced initiatives that focus on prevention of illness and injury, and protection and promotion of health and well-being, to improve the health status of the population.

Measure: Enhanced Initiatives

Indicators:

- Confirmed core health status indicators
- Improved coordination for population health
- Strengthened policy
- Continued implementation of wellness priorities
- Strengthened communicable disease control
- Developed an environmental health strategy

Measure

Advanced Initiatives

INDICATORS	2011-2012 PROGRESS
Developed components of an environmental health strategy	During 2011-12, environmental health stakeholders including Service NL, regional health authorities, Memorial University and Health Canada were consulted regarding the development of a provincial environmental health strategy. Preliminary components of a provincial environmental health strategy were identified/developed including, but not limited to: water quality; tobacco control; climate change; and, infection control and non-communicable disease factors, such as soil contaminants (e.g. Polychlorinated Biphenyls).
Implemented new initiatives in priority wellness areas	The promotion and support of breastfeeding is recognized as a key activity under the priority wellness areas of healthy eating and child and youth development. In 2011-12, three short videos were created for public health offices that discussed the importance of the cultural support of breastfeeding. The department continued to support the online resource, www.babyfriendlynl.ca, which aims to promote breastfeeding and to support Newfoundland and Labrador families during pregnancy and in the first years after birth. The project included an awareness campaign, as well as blogs that encouraged mothers to choose and continue to breastfeed. As well, a new print resource for parents and caregivers was created: *Healthy Eating for Your Toddler Age 12-24 Months*. This is now available in public health offices throughout the province and online at www.gov.nl.ca/health/publications. The department provided recommendations regarding injury prevention to the Department of Education, which were incorporated as part of the primary level curriculum. In November 2011, the department and other partners hosted a conference entitled: *Building Healthy Communities: Bringing Health and Wellness to the Community Planning Table*. The presentations and speaker information can be found at www.buildinghealthycommunities.ca. The department provided $477,700 in Budget 2011 to support the expansion of the Janeway Lifestyles Program, which provides

INDICATORS	2011-2012 PROGRESS
	services for children to achieve healthy weights and address other risk factors for chronic disease. The department, in partnership with the Department of Education, developed a new tobacco education resource for Grade nine students aimed at preventing young people from starting to use tobacco and encouraging those who do smoke, to quit. It is expected that the resource will be launched in 2012-13. The department provided funding to the Alliance for the Control of Tobacco to support phase two of the *Youth and Young Adults Social Media Campaign*. Through Facebook, youth and young adults (14-24 years of age) were targeted with smoking prevention and cessation messages. Phase two also included a new Smoking Simulator application, which allows individuals to upload their picture and see over time how smoking can affect their appearance, lung capacity and wallet. In December 2011, the department partnered with the Department of Tourism, Culture and Recreation in the launch of a new After School Physical Activity Initiative for students in Grades four to nine over a two-year period. Research was completed on the relationship between health, wellness and the workplace and a presentation was delivered to the Strategic Partnership Initiative. The Strategic Partnership Initiative is a unique, dynamic partnership of business, labour and the Provincial Government dedicated to improving the quality of life of the people of Newfoundland and Labrador through sustainable, balanced economic and social development. The presentation focused on raising awareness of the rising rates of chronic diseases and ways to promote healthy workplaces in the province.
Continued work on a communicable disease information management system	A communicable disease information management system has the ability to monitor communicable and infectious diseases, track vaccine usage, and record and report on immunization records as part of the provincial Electronic Health Record (EHR),

INDICATORS	2011-2012 PROGRESS
	which is being developed by the Newfoundland and Labrador Centre for Health Information. Throughout 2011-12, there was on-going discussion and review of options for implementation of two modules of this system.
Implemented select components of an approved cancer control strategy and developed a chronic disease strategy	Released in 2010, *Gaining Ground: A Provincial Cancer Control Policy Framework for Newfoundland and Labrador* continued to be implemented in 2011-12, and the following components were completed: • in June 2011, the Cancer Control Advisory Committee was established with representatives from a diverse cross-section of individuals familiar with cancer control issues (Policy Direction 9: Accountability and Measuring Success); • the Cancer Control Advisory Committee recommended that the department expand the breast cancer screening age to include women aged 40-49. This recommendation will be implemented in 2012-13 (Policy Direction 2: Identifying Individuals at Risk); • in November 2011, a new Cancer Prevention and Awareness Grants Program was launched for community groups and health professionals (Policy Direction 8: Education and Training); and, • funding was provided to the Canadian Cancer Society and Young Adult Cancer Canada to increase awareness and understanding of cancer and cancer-related issues (Policy Direction 8: Education and Training). *Improving Health Together: A Policy Framework for Chronic Disease Prevention and Management in Newfoundland and Labrador* was released on December 19, 2011. This document set the policy direction for all partners including the Provincial Government, community groups, employers, the health system, and individuals to prevent and manage chronic illness. *Improving Health: My Way*, the provincial chronic disease self-management program, was implemented at the same time the policy framework was introduced.

INDICATORS	2011-2012 PROGRESS
Identified areas for legislative reform	In July 2011, an amendment to the *Smoke-Free Environment Act 2005* came into effect, prohibiting smoking in vehicles when children under the age of 16 are present and designated smoking rooms in workplaces. The *Smoking in Cars* Campaign, which included TV, radio and print media, ran leading up to the legislation coming into force (June 2011) to inform the public about the amendment. On March 30, 2012, an amendment to the *Pharmaceutical Services Act* became law. This enabled the department to proceed with the implementation of a new generic drug pricing model to help ensure that the people of Newfoundland and Labrador obtain quality prescription drugs at reasonable prices.

Discussion of Results

Significant achievements occurred in 2011-12 in advancing population health in this province. In November 2011, the new Population Health Branch was established to focus on public and population health. As outlined above, the department also advanced several initiatives to improve the long-term health status of the population. The 2011-12 release of *Improving Health Together: A Policy Framework for Chronic Disease Prevention and Management in Newfoundland and Labrador*, and the subsequent launch of the self-management program *Improving Health: My Way*, supports individuals living with chronic conditions. Additionally, work began on an environmental health strategy, planning continued for a communicable disease information system and implementation continued on the province's *Cancer Control Strategy* and other wellness initiatives promoting healthy communities. During the next fiscal year, the department will continue to partner with key stakeholders to advance these new and ongoing initiatives and monitor their results.

Objectives for 2012-13 and 2013-14

Objective 2

By March 31, 2013, the department will have established processes for monitoring population health initiatives.

Measure

Established Processes

Indicators

- Increased collaboration with provincial partners, such as the Newfoundland and Labrador Centre for Health Information and the regional health authorities, as well as national groups, such as the Canadian Institute for Health Information to develop key, provincial core health status indicators
- Assessed current monitoring mechanisms for population health initiatives
- Advanced initiatives in communicable disease control
- Obtained stakeholder input into the development of a Provincial Environmental Health Strategy

Objective 3

By March 31, 2014, the department will have started to evaluate priority initiatives.

STRATEGIC ISSUE #4 – DEMOGRAPHICS AND THE DELIVERY OF HEALTH AND COMMUNITY SERVICES

The province's population is ever changing, in terms of its size, age distribution and where people live. In recent years, the province's population has been greatly affected by decreased number of births, out-migration, and increased number of deaths, resulting in a population that is smaller, older and more urban than ever before. Rural communities have been particularly affected by changing demographics and now contain smaller and more senior populations (See Appendix C for population map). This poses many challenges to ensuring that health and community services needs are met.

The Department of Health and Community Services is responding to these demographic shifts so that residents can continue to receive effective and efficient health and community services. In 2011-12, the department's efforts focused on assessing demographic trends to identify potential gaps in health human resources, identifying population and chronic disease trends and impacts, and identifying impacts of population changes on the health system. These activities address the strategic directions of population health and access to priority services.

Objective 1

By March 31, 2012, the department will have assessed the future demographic trends to address the needs within the health care system.

Measure

Assessed Demographic Trends

STRATEGIC ISSUE # 4: DEMOGRAPHICS AND THE DELIVERY OF HEALTH AND COMMUNITY SERVICES

GOAL: By March 31, 2014, in response to changing demographics, the department will have ensured a more responsive health and community services system.

Measure: Ensured a more responsive health and community services system

Indicators:

- Aligned organizational structure to support long-term care and community support services enhancements
- Implemented enhancements to the long-term care and community support services sector
- Strengthened policy frameworks
- Collaborated with partners on human resources and identification of emerging needs

INDICATORS	2011-2012 PROGRESS
Identified potential gaps in health human resources	The department worked with the regional health authorities to identify gaps in health human resources and produced a biannual vacancy report that outlined vacancies in nursing, social work and other health care areas which may be difficult to fill. Signing bonuses were approved for 24 health occupations, with an evaluation of these signing bonuses completed. The signing bonuses were used as a recruitment tool and have been effective in filling difficult-to-fill positions, such as nursing and medical laboratory technologists. Signing bonuses were awarded to positions in both urban and rural areas of the province, including remote locations and coastal areas of Labrador. During 2011-12, a salary continuance to support students enrolled in the Combined Laboratory X-ray Program was approved. This is expected to help with the recruitment and enrolment of students in this program. Workforce models were developed for medical laboratory technologists and licensed practical nurses. In addition, work was initiated on models for registered nurses and dietitians. The workforce models help to quantify supply and demand trends for particular occupations and are used to support recommendations for addressing any identified gaps to ensure future workforce stability.
Identified population and chronic disease trends and impacts	The Chronic Disease Division identified chronic disease trends and impacts, such as the increasing incidence and prevalence of diabetes which is placing increased demand on the health system; and, the recognition of diseases of the circulatory system, such as heart disease and stroke, as the leading cause of death in Newfoundland and Labrador and a significant contributor to decreased quality of life. The findings were incorporated into the new framework for chronic disease prevention and management. In March 2012, $186,000 was awarded to support healthy aging research in the province. Examples of research projects included a study to examine how age-related hearing loss impacts memory in older adults and a pilot program to assess the dietary intake and its adequacy for elderly residents.

INDICATORS	2011-2012 PROGRESS
	The Office of Aging and Seniors worked with the Newfoundland and Labrador Statistics Agency to create a Seniors Profile through Community Accounts (www.communityaccounts.ca), which provided demographic information about individuals aged 55 years and older. This profile aided the identification of demographic trends within the population.
Identified impacts of population changes on the health system	The Long-Term Care and Community Support Services Division, Access and Clinical Efficiency Division and Chronic Disease Division identified impacts of population change on the health system, such as increased demand for services and improved access to services, resulting from population aging, urbanization, incidence of disease, mortality, and utilization of health services. Findings informed the development of *Improving Health Together: A Policy Framework for Chronic Disease Prevention and Management in Newfoundland and Labrador* and *Close to Home: A Strategy for Long-Term Care and Community Support Services* and will inform health services planning over the next several years.

Discussion of Results

In 2011-12, the assessment of demographic trends in Newfoundland and Labrador required a dual focus: an examination of the health workforce that provides services and an analysis on patients and clients who require services currently and those projected to require services in the future.

Demographic trends, evidence-based population research, surveillance and best practice information are necessary to inform the development and implementation of programs and services. Information gained from these efforts informed implementation of *Gaining Ground: A Provincial Cancer Control Policy Framework* and informed the development of *Improving Health Together: A Policy Framework for Chronic Disease Prevention and Management In Newfoundland and Labrador*.

The key actions taken by the department in 2011-12 are helping to ensure that the health care system is dynamic and adaptable to the ever shifting changes in the population's demographics.

Objectives for 2012-13 and 2013-14

Objective 2

By March 31, 2013, the department will have developed an approach to respond to changing demographics.

Measure

Developed an Approach to Respond to Changing Demographics

Indicators

- Identified needs and improvements in information management and information technology
- Developed population projections for select health and community services
- Adopted measures of system responsiveness and means of data collection in select programs and/or services

Objective 3

By March 31, 2014, the department will have implemented initiatives to respond to changing demographics.

Opportunities and Challenges Ahead

QUALITY AND SAFETY

Ensuring quality and safety in the health care system presents both opportunities and challenges and will remain among the department's highest priorities. The major focus of the department over the next fiscal year will include analyzing trends in occurrence reporting to identify system improvements and continuing to provide leadership in monitoring and strengthening current legislative and policy frameworks governing programs and services to further improve quality and safety.

IMPROVED ACCESS AND INCREASED EFFICIENCY

Implementation of the new Access and Clinical Efficiency Division brings opportunities, such as those demonstrated in the five-year wait times strategies recently released. Achieving the goals and actions identified in these strategies will require capacity development in data collection and analysis, monitoring of emerging trends and increased regional collaboration. Continued investments in employees, information technology and a review of policies and procedures will also be needed. The department remains committed to improving access for the people of Newfoundland and Labrador within its fiscal resources in these and other program areas.

POPULATION HEALTH

The new Population Health Branch, established in 2011, will provide leadership in a number of key areas including public health, Aboriginal health, disease control, health promotion and wellness, chronic disease management and mental health and addictions. A key focus for the future is providing leadership in health promotion and in the prevention and management of chronic disease.

DEMOGRAPHICS AND THE DELIVERY OF HEALTH AND COMMUNITY SERVICES

The population of Newfoundland and Labrador is changing. Our residents are aging, and as people migrate to larger centres, communities will be challenged to provide services. *Close to Home: A Strategy for Long-Term Care and Community Support Services* will guide and transform the delivery of long-term care in Newfoundland and Labrador by providing a series of goals and actions focused on helping people requiring long-term care and community support services achieve optimal independence and quality of life in their homes and communities. The *Strategic Health Workforce Plan 2012-2015*, upon completion, is expected to support enhancement of the health workforce and the services provided to the people of the province. A careful approach encompassing information management and information technology, measures of system responsiveness and improved strategies will also be required to accommodate the province's shifting demography.



Financial Statements

DEPARTMENT OF HEALTH & COMMUNITY SERVICES			
Fiscal 2011/12			
based on the Program Expenditures and Revenues of the Consolidated Revenue Fund for			
Fiscal Year ended 31 March 2012			
	2011-2012		
	Actual ($)	Amended ($)	Original ($)
Minister's Office (1.1.01)	491,416	520,200	520,200
General Administration (1.2.01 to 1.2.08)			
Total gross	25,901,181	32,419,300	32,718,900
Less revenue - Federal	60,000	1,000,000	1,000,000
Less revenue - Provincial	1,079,650	550,000	550,000
Total net	24,761,531	30,869,300	31,168,900
Memorial University Faculty of Medicine (2.1.01)	50,849,520	53,303,500	53,303,500
Drug Subsidization (2.2.01)	148,363,244	151,665,900	151,189,500
Medical Care Plan (2.3.01 to 2.3.02)			
Total gross	442,896,302	445,335,000	445,335,000
Less revenue - Federal	342,446	250,000	250,000
Less revenue - Provincial	2,016,797	2,500,000	2,500,000
Total net	440,537,059	442,585,000	442,585,000
Regional Integrated Health Authorities and Related Services (3.1.01 to 3.1.02)			
Total gross	1,991,512,149	1,997,086,300	2,001,660,200
Less revenue - Federal	988,060	2,688,000	2,688,000
Less revenue - Provincial	23,201,763	18,816,000	18,816,000
Total net	1,967,322,326	1,975,582,300	1,980,156,200
CAPITAL			
Furnishings and Equipment (3.2.01)	55,100,450	65,932,500	65,932,500
Health Care Facilities (3.2.02)	159,254,887	201,411,200	201,411,200
Total Health Care Facilities and Equipment	214,355,337	267,343,700	267,343,700
Total Department			
Total gross	2,874,369,149	2,947,673,900	2,952,071,000
Less revenue - Federal	1,390,506	3,938,000	3,938,000
Less revenue - Provincial	26,298,210	21,866,000	21,866,000
Total net	2,846,680,433	2,921,869,900	2,926,267,000

Appendix A: Mandate

The following mandate describes the responsibilities of the Department of Health and Community Services (Source: *Executive Council Act*, Regulation 82/03):

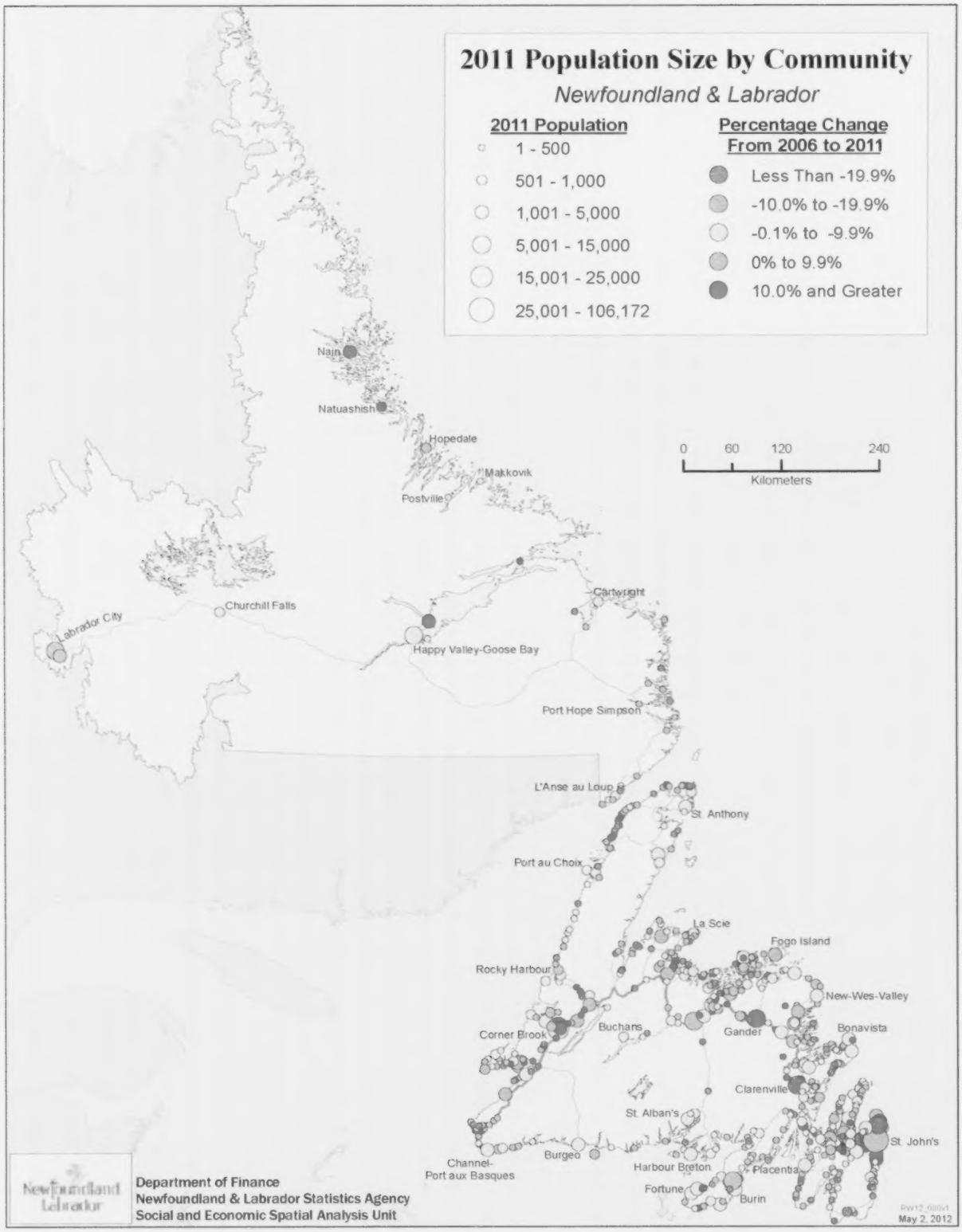
1. To provide leadership, coordination, monitoring and support to the regional health authorities and entities that provide services in the following areas:
   - The preservation and promotion of health
   - The prevention and control of disease
   - Public health and the enforcement of public health standards
   - The administration of health care facilities
   - Programs for persons with disabilities and mental health and addictions issues
   - Health professional education and training programs
   - Planning for, and provision of, initiatives for seniors
   - The control, possession, handling, keeping and sale of food and drugs
2. To provide funding for the following:
   - Insured medical and hospital services
   - Dental and pharmaceutical services for eligible individuals
   - Subsidies to eligible individuals for long-term care and community support services
   - Grants to select community agencies in support of the department's mandate
   - The purchase of seats and bursary programs for students in select professional or technical fields connected with health and community services

Appendix B: Entities Reporting to the Minister

Under the *Transparency and Accountability Act*, the following Provincial Government entities are provided with the strategic directions of the Provincial Government and also prepare plans and annual reports in keeping with their categorization under that Act:

1. Eastern Health Authority
2. Central Health Authority
3. Western Health Authority
4. Labrador-Grenfell Health Authority
5. Public Health Laboratory
6. Newfoundland and Labrador Centre for Health Information
7. Medical Consultants' Committee
8. Mental Health Care and Treatment Review Board
9. Provincial Advisory Council on Aging and Seniors
10. Health Research Ethics Authority
11. Provincial Mental Health and Addictions Advisory Council
12. Provincial Cancer Control Advisory Committee
13. Provincial Wellness Advisory Council

Appendix C: Population Map





Department of Health and Community Services
1st Floor, Confederation Building, West Block
P.O. Box 8700, St. John's, NL A1B 4J6
Telephone: 709-729-4984
Fax: 709-729-5824
Email: healthinfo@gov.nl.ca
Website: www.gov.nl.ca/health